

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90020 016 \*\*\*\*61.25

**DOCUMENT # N93000000853**

1. Entity Name  
**VILLAGE GREEN OF FOREST LAKES CONDOMINIUM, SECTI**

Principal Place of Business 2100 CONSTITUTION BLVD. C/O ARGUS PROPERTY MGT INC SARASOTA FL 34231 US	Mailing Address 2100 CONSTITUTION BLVD. C/O ARGUS PROPERTY MGT. INC. SARASOTA FL 34231-4146 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2477 STICKNEY A RD Suite, Apt. #, etc. 118 A City & State SARASOTA FL Zip 34231	3. Mailing Address 2477 STICKNEY Pt. RD Suite, Apt. #, etc. 118 A City & State SARASOTA FL Zip 34231
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4. FEI Number 59-2110237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
**HAMMERLING, WALTER E**  
 2100 CONSTITUTION BLVD.  
 C/O ARGUS PROPERTY MGMT. INC.  
 SARASOTA FL 34231

7. Name and Address of New Registered Agent  
 Name **LARRY V ASARCH**  
 Street Address (P.O. Box Number is Not Acceptable)  
 2477 STICKNEY Pt RD  
 118 A  
 City **SARASOTA** FL Zip Code **34231**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Larry V Asarch* **LARRY V ASARCH** DATE **2-22-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HOBSON, JOHN	
STREET ADDRESS	1520 STAFFORD LA	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, MARY A	
STREET ADDRESS	3694 COLLINS	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DEROSE, LYDIA	
STREET ADDRESS	1638 STAFFORD LN.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ESTES, ESTELLE	
STREET ADDRESS	3686 COLLINS	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PURTELL, VINCENT	
STREET ADDRESS	3647 COLLINS	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ASARCH, LARRY	
STREET ADDRESS	2100 CONSTITION	
CITY-ST-ZIP	SARASOTA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUEER, DAVID	
STREET ADDRESS	3655 COLLINS	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry V Asarch* **LARRY V ASARCH** DATE **2-22-00** DAYTIME PHONE # **941 927 6464**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)